

AGE SPECIFIC COMPETENCY

If you have questions regarding this test, please contact Vicki Timpa, RN MSN at extension 71163.

1) Early adulthood is generally a healthy period, which challenges the health care worker to be even more sensitive, insightful, and creative in implementing care. Health and physical processes in the young adult are frequently taken for granted. Concern for health and well being is lower among those in the twenties and starts to increase in the mid-thirties.

2) Young adulthood is marked by several events, such as taking on financial responsibilities, making career choices, beginning social relationships, entering marriage, and becoming a parent. It is the time to establish goals in preventive care. Most young adults need to increase their awareness of risk factors related to smoking, drug abuse, problem drinking, sexually transmitted disease, as well as problems with obesity or poor eating habits and lack of exercise. New roles in taking on family responsibilities make it important to know about unwanted pregnancy, cancer, diabetes, coronary artery disease, and the need for dental care. Public education is the best way to promote health and alterations in young adult life styles.

3) In the mid-thirties, there is increased awareness of the need for physical fitness, while acknowledging decreasing physical abilities. There is also emphasis on options related to work choices, financial security, and sexuality. Relationships with members of the same age group and family are valued. Also, there is an increased level of feeling for independence in Activities for Daily Living (ADL).

4) The physical body peaks in the late teens and early 20's and most of the body's organs begin to decline in function about the age of 30:

Hearing..... 20

Speech 20-25

Taste 30

Bones 30

Vision40

Smell.....50

5) Common health problems in middle adulthood (some of which are gender related), include diabetes, degenerative joint disease, gout, alcoholism, gallbladder disease, coronary artery disease, varicose veins (varicosities), hypertension, strokes, GI disorders, peptic ulcer disease, obesity, dental problems, visual changes, reproductive/menopausal problems, anxiety/stress, and accidents/injuries. Many of these diseases are preventable wholly or in part through behavior changes. Middle aged adults can influence their own health as well as their children's through healthier life styles.

6) Cardiovascular problems of the middle and older age include:
- Decreased efficiency of the heart pumping blood to the body

- Decreased circulation to tissue and organs
- Increased pressure on vessel walls cause increased Blood Pressure (BP),
- (hypertension)
- Irregular prominences of the blood vessels (varicosities)

7) Normal aging may be viewed as those inevitable and irreversible changes that occur with time. Today, it is expected that most people will live to be at least 65. How an individual responds to the age-related changes visible in the mirror is related to the person's self-esteem. Physical responses to getting older can be related to lifelong health habits, heredity, diet, exercise patterns, and love and belonging. Successful aging depends on the individual's capacity to cope and ability to change. This affects the individual, the family, and society at large.

8) Although our veteran patient population is comprised of all adult age groups, the fastest growing segment is those 65 years and older. In the year 2000, 37% of the veteran population was 65 years and older, in the year 2015, 46% will be over 65 years.

9) Each of the five senses, vision, hearing, taste, smell and touch, become less efficient with advanced age, interfering in varying degrees with safety, normal activities of daily living and general well-being. Changes in vision include inability to focus properly, decreased peripheral (side) vision, altered color perception (perception of color tones, i.e., blues, greens, and violet), decreased lubrication to the eye, difficulty in seeing in dim areas, and cataracts.

10) Hearing loss is progressive; high frequency sounds are lost first, then middle and low. Sounds of s, sh, f, ph, and ch are filtered from normal speech, making words sound distorted. When speaking to someone with hearing loss, communication is improved if you face the person when speaking to them. Equilibrium (sense of balance) of the elderly may be affected also. When using stairs, it is best to hold on to a hand rail if you suffer from equilibrium/balance problems.

11) Sense of taste is diminished due to decrease in the number of taste buds on the tongue. Flavors of sweet, sour, salt and bitter are diminished. Also less saliva production, poor oral hygiene and ill fitting dentures may cause problems. These all contribute to the loss of appetite and lack of proper nutritional intake. Problems like this might be decreased by eating no less than three meals a day that are of nutritonal value and taking care of any oral problems with loose fitting dentures or tooth decay.

12) By the age of 80, detection of all scent is almost half of what it was at peak. There are now less sensory cells in the nasal lining and fewer sensory cells in the olfactory bulb of the brain.

13) Tactile sensation in the elderly person reduces his/her ability to sense pressure and/or pain and to differentiate temperatures. These sensory changes can cause misperception of the environment and as a result, profound safety risks.

14) Aging can be a difficult process. Retirement, decreased income, a shrinking world of friends, and declining health may all contribute to a life of isolation and loneliness. Medications, environmental factors, a loss of independence, and insufficient activity can also cause problematic behaviors. Thoughts of depression and suicide, signs of dementia, fatigue and insomnia may occur, but are not part of the normal reactions to aging and indicate a need for help.

15) The frail elderly, 70 years and older, are more likely to be restrained. Most frequently the reason for using physical restraints is to prevent injury. However, studies show that patients who are not restrained are less likely to suffer injuries.

16) Older persons are at high risk for developing respiratory disorders. Contributing factors are smoking, immobility, poor nutrition, self-remedies and failure to seek medical help for symptoms. Some of the major diseases, which are usually in advanced stages before they are diagnosed, are pneumonia, influenza, tuberculosis (TB), and lung cancer. Delays in diagnosis and treatment can be attributed to symptoms masked by medications, subnormal body temperatures, and decreased pain sensation.

17) It is estimated that 4 million older adults suffer some form of dementia (irreversible decline in mental abilities), mainly Alzheimer's disease. The symptoms of this progressive degenerative disease develop gradually and progress at different rates among affected individuals. As patients regress, their dignity, personal worth, freedom and individuality are jeopardized. Sometimes loved ones view the demented family member as a stranger, and sometimes health care workers view them as another dependent or total-care patient. A patient, regardless of their condition, should always be treated with dignity and respect.

18) The reality of facing death is an issue which older adults must face. The elderly should be included in plans related to care and in decisions to undergo or refuse extensive therapeutic or resuscitative measures. This would be an appropriate time to discuss a Living Will (Advanced Directives).